

	INDIVIDU	20	OMETAX RETUR 001 age 1	N III		01	0010	 4911								
	Fiscal Year	Mo.	Day Year		Mo.	Day	Year						DEPARTI	MENT USE		100
	Beginning:		7/ / / /	Ending:			7/					DEL.		EXT.	IVII	ISC.
	YOUR FIRST NA	MF				INITIA			YOUR	R SOCIAL SE	CURITY N	UMBER				
F							_					_			CK BOX IF	
REC	YOUR LAST NAM	ИE					SU	FFIX							KLET NEXT	
CORRECT)								Пi		MUS	T ENT	ER S	S #			
	SPOUSE'S FIRS	T NAME				INITIA			SPOU	JSE'S SOCIA	AL SECURI	TY NUMBER				
label if								i								
nse	SPOUSE'S LAST	NAME					SU	FFIX_								
										CHECK	IF SS CHANC	26				
0	ADDRESS LINE	1								ADDINES	O CHANC)L				
atio													USF	BLA	CK I	NK
Information (ONLY	ADDRESS LINE 2	2											-	ONL		
		ш												ONL	- 1	
Taxpayer	CITY					STATE	ZIF	CODE								
â																
Step '	COUNTRY IF FO	REIGN										_				
Ś																
4. Use one number only and enter in the Residency Code box. PART-YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 9 THROUGH 14 AND USE SCHEDULE 3 OF FO 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM 5. Fill in Filing Status Block with appropriate letter. (Must be same status as used on your Federal Re A. SINGLE C. MARRIED FILING SEPARATE (Spouse's social security no. must)								Return)	3. NON	C NRESIDEN	RESIDEI ODE NUI T FILING STATU	MBER G				
and			FILING JOINT		D OF HOUSEHOLD OR QUALIFYING WID					-			cu abov			
Suc	6. Depend	dents:								DEPENDI				ENDENT'S		
Exemptions	If more t	han 1	FIRST NAME		LAST	NAME				SOCIAL	SECURIT	Y NUMBER	REL	ATIONSHIF	P TO YOU	J
Exer	depende															
7	enclose	a list.														
Step																
0	7. Total Nu		of Exemptions IF AN If the amount or	IOUNT ON Lon Line 8 is \$	INE 8, 9 340,000	9, 10, 13, or more,	OR 15 I	S NEGATI adjusted gr	IVE, FIL	L IN CIR ome is les	CLE. EX	AMPLE: our W-2s,	you are	!	>	
Income		-	ed gross income (EDERAL TAXABI					r 1040EZ		8.	≻ ○		\Box	-,		$oxed{\Box}$
eb 3	9. Adjustm	nents 1	from Schedule	1. (See instr	uctions	on Page	6, Line	9)		9.	≻ ○		\perp			Ш
š	10. Georgia	adjus	sted gross inco	me (Net tota	al of Lin	ne 8 and l	Line 9)			10.	> 0	,	4	_,		Щ
suc	11. STANDARD Deduction (SEE INSTRUCTIONS-LINE 11) DO NOT USE FEDERAL STANDARD DEDUCTION 11a.										se EITHER					
4 Deductions	b. Self 6	5 or ov	er? blind?	SPOUSE	65 or o\	ver? b	lind?	Total of	boxes	x 1,3	300=11b	<u>.></u>	4		WRITE ON	вотн)
			IDARD Deduction									11	c. ➤ 🔽			0 0
Step	12.TOTAL I	ITEMIZ	ZED Deduction	s used in c	omput	ing Fede	eral tax	able inco	ome		Г					
	Schedule	e A-Foi	rm 1040		Less	s: See Lir	e 12 ins	tructions		1	12. ➤	,[_		$\lrcorner, \sqcup \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $		

INDIVIDUALINCOMETAX RETURN 2001

SIGNATURE OF PREPARER IF OTHER THAN TAXPAYER



Your Social Security Number

		Page 2	01004049	21				- 🔲				
1:	3.	Subtract either Line 11c or Line 12 from	n Line 10; enter balance	ə	. 13.➤○		, -		H	+		_
14	4.	Number from block on Line 7mul		,		Н	4		_			
1	5.	Georgia taxable income (Line 13 less Lin		,	-	Ш	_		_			
10	6.	Tax (Use Tax Table on Pages 15 and 1	. 16.➤		,	-	Ш	_		_		
1	7.	Credits from Schedule 2, Page 3 (Enter		,		Ш	_					
18	8.	Balance (Line 16 less Line 17) if zero of		, -	-	Ш	_		_			
19	9.	GEORGIA INCOME TAX WITHHELD (Ente		,	-	Ш	_		_			
20	0.	Estimated tax for 2001 and Form IT-5	60		. 20.➤		, -		Ш	+		
2	1.	Low Income Credit (See worksheet on I		, -		Ш	+					
2	2.	Department Use Only	. 22.>		, -	-	Ш	+		_		
ပ္ပြဲ 2:	3.	Total prepayment credits (Add Lines 19	_	, -		\square	+		_			
2.	4.	If Line 18 exceeds Line 23 enter BALAN	. 24.>		, - -		Ш	_				
2. Step 2.	5.	If Line 23 exceeds Line 18 enter OVER	PAYMENT amount		. 25.>		, -			+	-	_
20	6.	Amount to be credited to 2002 ESTIMAT		, - -		Ш	+	.—	_			
2	7.	Georgia Wildlife Conservation Fund (N		,		H	+	-	_			
28	8.	Georgia Children and Elderly Fund (No	_	, -			_					
2	9.	Georgia Cancer Research Fund (No gift of less than \$1.00)								+	-	_
3	0.	Form 500 UET (Estimated tax penalty)								+		_
3	1.	Add Lines 24, 27, 28, 29 and 30 (Balar	nce Due)		. 31.➤		,Ш	Ш,	Ш		.Ш	
	MAKE CHECK PAYABLE FOR THIS AMOUNT TO GEORGIA INCOME TAX DIVISION											
		DO NOT STAPLE YOUR CH	IECK AND W-2'S TO PAG	GE 1, ENCLOSE 1	THEM IN TH	IE RET	URN E	ENVE	OPE	_		
3	2.	Amount to be Refunded . Line 25 minus I		if applicable	32.➤		,	Ш,	Ш			
OVERPAYMENTS (REFUNDS) TO: GEORGIA INCOME TAX DIVISION P.O. BOX 740380 ATLANTA, GEORGIA 30374-0380 PAYMENTS AND OTHER DOCUMENTS TO: GEORGIA INCOME TAX DIVISION P.O. BOX 74038 ATLANTA, GEORGIA 30374-0399									399			
		Georgia Public Revenue Code Sect	tion 48-2-31 stipulates that free of any expense to the			oney of	the Ur	nited S	tates,			
kr	Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.											
-	YOUR SIGNATURE DATE			DAYTIME PHO	NE NUMBER		Rv	— initialir	na this	hov I	\/\e	
				Taxpayer			aut	horize	the C	3eorgia	a	
X	$\overline{}$				Spouse	Department of Revenue to discuss this tax return wit						h
SI	POL	JSE'S SIGNATURE	DATE		Opou36		the	prepa	rer n	amed	below	<u>.</u>

PHONE NUMBER

DATE

ID NUMBER OF PREPARER

INDIVIDUALINCOME TAX RETURN 2001

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	1 age 5							_	_
	CHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (See Page DDITIONS TO INCOME	6 of i	nstrı	uctio	ns)	1		7.	
1.	Interest on Non-Georgia Municipal and State Bonds	1.	-	-,-	-	-,	\vdash		+
2.	Lump Sum Distributions	2.	Ш	_,	Ш	,	Ш	4.	Ш
3	Other (Specify)	3							
	Total Additions (Enter sum of Lines 1-3 here)			7		,		11	
4.	Total Additions (Enter sum of Lines 1-3 fiere)	4.				J, L.			
	JBTRACTIONS FROM INCOME								
5.	Retirement Income Exclusion (See Retirement Income Exclusion Worksheet, Page 14 A. Self: Date of Birth Type of Disability:								
	A. Sell. Date of Birth	JA.							
	Date of Disability			7		1		7	_
	B. Spouse: Date of Birth Type of Disability:	5B.		,		J,∟_	Ш	J.L	
	Date of Disability								
^	Casial Casswitz Barasita (Tassahla martian)	0							
	Social Security Benefits (Taxable portion).			7		7			\top
1.	Railroad Retirement Benefits (Taxable portion)	1.	\vdash	7	\vdash	7	\vdash	+	+
8.	Interest on United States Obligations (See Page 6 of instructions.)	8.	\vdash	-,-	$\vdash\vdash$, -	$\vdash\vdash$		+
9.	Other (Specify)	9.	\perp	_,	\perp	١,١	oxdot	1	\perp
	. Total Subtractions (Enter sum on Lines 5-9 here)								
11. Net Adjustments (Line 4 less Line 10, enter net total here and on Line 9 of Page 1)(+or -)					П]′[П
' '	. Net Adjustifients (Line 4 less Line 10, enter het total here and on Line 9 of Page 1)(101-)	11.		,					
SC	CHEDULE 2 CREDITS FOR LINE 17, PAGE 2							- I	_
	Other State(s) Tax Credit (See worksheet, Page 9)	1.							Ш
	Low and Zero Emission Vehicle Credit			ľ		ľ			
	Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit	۷.		7,'-		1,		ī	一
0.	Credit, Driver Education Credit, Disaster Assistance Credit and Qualified Caregiving Expense Credit)	3.		-,-	$\sqcup \!\!\! \perp$,	\sqcup		-
4	Other Credits, Please Specify								
٠.	Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC, LLP or Partnership Interest	•		_,		,			
5	Employer's Credit for Basic Skills Education	5							
Ο.	Name of Business Entity	0.		_, 		-, 1 [7	
6.	Employer's Credit for Approved Employee Retraining	6.		,		J,∟_		J.L	
	Name of Business Entity			пİП		i		1	
7.	Employer's New Jobs Credit	7.		,		,			
_	Name of Business Entity	0							
8.	Employer's Credit for Providing or Sponsoring Childcare for Employees Name of Business Entity	8.				- - -		J. L	-
9	Manufacturer's Investment Tax Credit	9							
٥.	Name of Business Entity	0.		7		-, 		7	$\overline{}$
10	Optional Investment Tax Credit	10.		,L		J,L_		J.L	
	Name of Business Entity					1		7	
11	Other Credits, Please Specify Type of Credit	_11.		,		١, ட		J.L	
- د	Name of Business Entity	40							
12	. Enter the Total of Lines 1 through 11 here and on Line 17, Page 2	12.		,		ــــا واـــــــا			

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	-		-							

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Page 7-Line 17 and Page 9.

DO NOT USE LINES 9 THROUGH 14 OF PAGES 1 AND 2, FORM 500

	Federal Income	Income Not Taxable	Georgia Income
	after Georgia Adjustments	to Georgia	0011111110
	COLUMN A	COLUMN B	COLUMN C
1. Wages, Salaries, Tips, etc	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
2. Interest and Dividends	, , , , , , , , , , , , , , , , , , , ,	, ,	, , , , , , , , , , , , , , , , , , , ,
3. Business Income or (Loss)	9 9	, ,	
4. Other Income or (Loss)			
5. Total Income: Total Lines 1 through 4] [_],],
Adjustments to Income:			
6. Total adj. from Federal Form 1040] [_],,
7. Total adj. from Form 500, Schedule 1, Page 3 (See instructions Line 9, Page 6)			
8. Adjusted Gross Income: Line 5 plus			
or minus Lines 6 and 7			
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage			% Not to exceed 100%
Line o, column 7. Lines percentago			
10. Itemized or Standard Deduction (See instructions for Line 10, Page 8)			
		,	
11. Personal Exemption from Form 500, Page 1, Line 7, multiplied by \$2,700			
12. Total Deductions and Exemptions:			1
Add Lines 10 and 11			
13. Multiply Line 12 by Ratio on Line 9			
and enter result			
14. Georgia Taxable Income: Subtract Line			
13 from Line 8, Column C	iorm 500		